MULTIPLE .NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

0/541249

CLAIMS

			AF	TEP	AE		CLAIMS								
	AS FILED IND. DEP.		AFTER		AFTER 2 AMENDMENT					TLED		AFTER 1"AMENDMENT		AFTE 2 AMENDA	
1	шур.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.		
2	 	1		 		ļ		51		<u> </u>	!			Ι	
3		17	 					52 53		 	 			L	
4		i	<u> </u>					4			 			1	
5								5			l		 	╀	
6								6						1	
7				3				7						╀	
8							5							╀	
9		1		_ · _ ·			5							╁	
10							6	0						t	
11		`					6							┢	
12							6							t	
13							6.							┢	
14 15							6							┢	
16							6:							Γ	
17							60				-				
18							67						\Box	_	
19	- 				-+		68						-		
20							70								
21							71					—— -	\longrightarrow	_	
22						+	72							_	
23							73						-+	_	
24							74								
25				i			75							_	
26							76		·					_	
27							77							_	
28							78						$\neg \neg$	_	
29							79							_	
30							80								
31							81	4_							
32 33							82	-∤							
4	 }-		<u> </u>				83	-							
5							84	- -		 -			$-\!\!+\!\!$	_	
36	 -						85 86							_	
7							87	-				 -		_	
8							88					 -		_	
9							89	+-		 -			-+		
0							90	_				 -		_	
1							91	7					 -	_	
2							92							_	
3							93	$oldsymbol{oldsymbol{oldsymbol{oldsymbol{\Box}}}$						_	
4							. 94	1_							
5							95	4_							
6							96	4_			_				
7					_		97	-				_		_	
8 —	 						98	4—						_	
9					 	 	99			{	_				
						_	100	+-		-	 - -	-		_	
, DVD.		* -		▼ -		*	TOTAL IN	' 		* _		▼		1	
DEP.	-				4		TOTAL DE	1_							
MS MS							TOTAL CLAIMS								
														-	